



ATTACHMENT 3

ISO NEW ENGLAND MINIMUM CRITERIA FOR MARKET PARTICIPATION OFFICER
CERTIFICATION FORM

Certifying Entity:	
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I, _____, a duly authorized Senior Officer of _____ (“Certifying Entity”), understanding that ISO New England Inc. is relying on this certification as evidence that Certifying Entity meets the minimum criteria for market participation requirements set forth in Sections II.A.2 and II.A.3 of the ISO New England Financial Assurance Policy (Exhibit IA to Section I of the ISO New England Transmission, Markets and Services Tariff), hereby certify that I have full authority to bind Certifying Entity and further certify as follows:

- 1. Certifying Entity has established or contracted for written policies, procedures, and controls applicable to participation in the New England Markets, approved by Certifying Entity’s independent risk management function¹, which provide an appropriate, comprehensive risk management framework that, at a minimum, clearly identifies and documents the range of risks to which Certifying Entity is exposed, including, but not limited to, credit risk, liquidity risk, concentration risk, default risk, operation risk, and market risk.
- 2. Certifying Entity has established or contracted for appropriate training of relevant personnel that is applicable to its participation in the New England Markets.
- 3. Certifying Entity has appropriate operating procedures and technical abilities to promptly and effectively respond to all ISO New England communications and directions.

Date: _____ (Signature)

Print Name: _____

Title: _____

Subscribed and sworn before me _____, a notary public of the State of _____, in and for the County of _____, this _____

¹ As used in this certification, a Certifying Entity’s “independent risk management function” can include appropriate corporate persons or bodies that are independent of the Certifying Entity’s trading functions, such as a risk management committee, a risk officer, a Certifying Entity’s board or board committee, or a board or committee of the Certifying Entity’s parent company.

day of _____, 20_____.

(Notary Public Signature)

My commission expires: ____/____/____